

## Vermont Mental Health Performance Indicator Project

DDMHS, Weeks Building, 103 South Main Street, Waterbury, VT 05671-1601 (802-241-2638)

### MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project  
Advisory Group and Interested Parties

FROM: John Pandiani  
Sheila Pomeroy

DATE: February 22, 2002

RE: Atypical Anti-psychotic Medication and Trouble with the Law

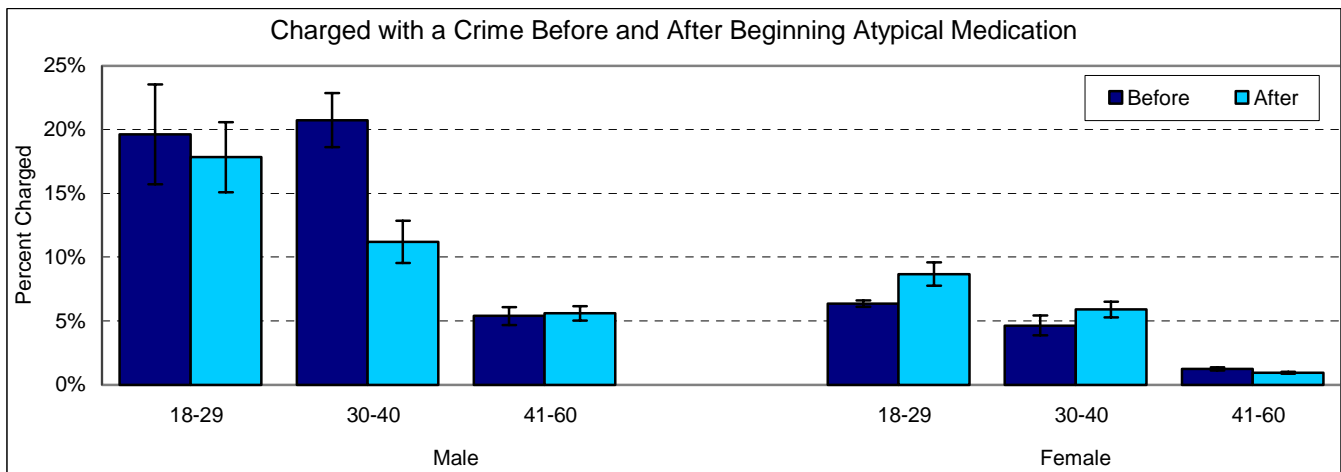
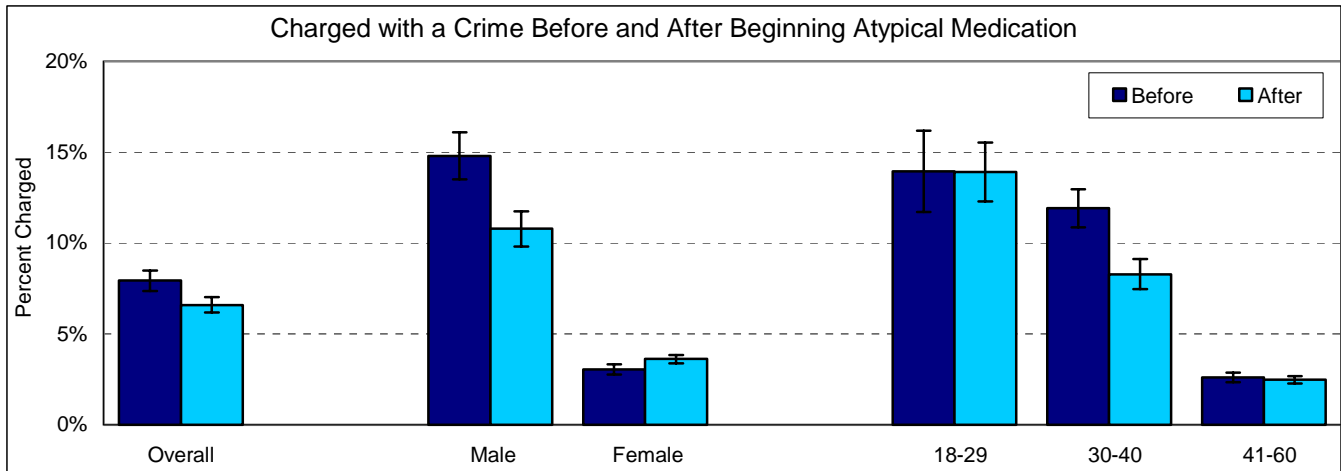
Over the past 14 months, we have distributed a number of brief reports on the results of our preliminary exploration of the Medicaid paid claims data set for new generation anti-psychotic medication. On December 8, 2000 we distributed a comparison of overall atypical medication rates for each of VT's regional CRT programs ([www.state.vt.us/dmh/Data/PIPs/2000/pip120800.pdf](http://www.state.vt.us/dmh/Data/PIPs/2000/pip120800.pdf)). The PIP on January 12, 2001, added diagnostic information to that earlier analysis ([www.state.vt.us/dmh/Data/PIPs/2001/pip011201.pdf](http://www.state.vt.us/dmh/Data/PIPs/2001/pip011201.pdf)). The June 22, 2001 PIP examined gender differences in the use of atypical medication. The July 6, 2001 PIP compared the use of atypical and traditional anti-psychotic medication by male and female CRT clients ([www.state.vt.us/dmh/Data/PIPs/2001/pip070601.pdf](http://www.state.vt.us/dmh/Data/PIPs/2001/pip070601.pdf)).

This week's PIP reports on our first examination between atypical medication utilization and treatment outcomes. Specifically, we are comparing the rate at which CRT clients with Medicaid insurance were charged with a crime in Vermont District Court during the six months before they began atypical anti-psychotic medication with the rate for the first six months of receipt of atypical anti-psychotics. The subjects are 500 CRT clients who began atypical anti-psychotics during July 1997 through December 2000. For this analysis, beginning atypical medication is defined by two consecutive calendar quarters with no atypical medication followed by three consecutive calendar quarters during which atypical medication was dispensed (as recorded in the Medicaid paid claims database). Because Vermont's Medicaid and District Court databases do not share unique person identifiers, Probabilistic Population Estimation was used to determine the number of people shared across both data sets for specified time periods.

Results of this analysis indicate that fewer adults served by CRT programs got into trouble with the law after beginning atypical anti-psychotic medication than before. This impact was not uniformly felt, however. Men experienced decreased criminal justice involvement (from 15% during the six months before medication to 11% during the first six months receiving medication), while criminal justice involvement for women increased (from 3.0% to 3.6%) during the same time period. The attached figures and tables provide detailed results.

We look forward to your comments and suggestions for future research in this area. Please feel free to call John at 802-241-2638 or e-mail to [pip@ddmhs.state.vt.us](mailto:pip@ddmhs.state.vt.us). If you would like a more detailed description of this project, please send an e-mail asking for a copy of the handout from our presentation of these results at the Twelfth Annual NASMHPD Conference on State Mental Health Agency Services Research, Program Evaluation, and Policy earlier this month.

# **Change in Criminal Justice Involvement After Beginning Atypical Anti-Psychotic Medication Vermont: 1997 - 2000**



	N	Criminal Justice Involvement					
		Before		After		Change	
		%	SD	%	SD	Rate	P-Value*
Overall	500	7.9%	0.3%	6.6%	0.2%	-16.8%	0.001
Sex							
Male	208	14.8%	0.7%	10.8%	0.5%	-27.1%	0.001
Female	292	3.0%	0.1%	3.6%	0.1%	+18.7%	0.002
Age							
18-29	93	13.9%	1.1%	13.9%	0.8%	-0.2%	NS
30-40	177	11.9%	0.5%	8.3%	0.4%	-30.4%	0.001
41-60	230	2.6%	0.1%	2.5%	0.1%	-5.0%	NS
Male Age							
18-29	54	19.6%	2.0%	17.8%	1.4%	-9.1%	NS
30-40	78	20.7%	1.1%	11.2%	0.8%	-46.1%	0.001
41-60	76	5.4%	0.4%	5.6%	0.3%	+3.6%	NS
Female Age							
18-29	39	6.4%	0.1%	8.7%	0.5%	+36.3%	0.001
30-40	99	4.6%	0.4%	5.9%	0.3%	+27.2%	0.012
41-60	154	1.2%	0.1%	0.9%	0.0%	-23.6%	0.001

\*P-value is the probability that the difference observed in the rate of being charged with a crime before and after beginning atypical anti-psychotic medication is due to chance. NS indicates that the proportion is not statistically significantly different at 0.05 level of significance.